

## DUBUQUE COUNTY MANAGEMENT PLAN ANNUAL REVIEW FOR FY 2013

### 1. Progress toward goals and objectives.

Goal 1: Expand housing opportunities for persons with long-term serious mental illness and for persons with mental disability in settings that maximize community integration and opportunities for being included in the community.

Measurable Objective A: To have additional individuals with disabilities occupying apartments and or their own homes including several of them that meets ADA accessible standards.

#### Action Steps:

1. Encourage and support development of handicapped accessible residences in Dubuque County.
2. Identify resources available to assist with accessibility and access modifications.
3. Provide information to consumers about the Section 8 home ownership programs.

Measurable Objective B: Continue current levels and seek new levels of interagency cooperation.

#### Action Steps:

1. Providers of residential services to the targeted population of this plan will present any new or significantly different proposals of housing alternatives to the Housing Subcommittee.
2. Continue to use interagency roommate survey to review specific needs of individual living arrangements (including roommates) that would allow movement to supported community living.
3. Monitor referral list for group homes for persons with mental illness and if that number reaches five Dubuque County consumers; the Housing sub-committee will investigate additional group homes.

4. Advocate inter-agency service delivery in residential settings.

Performance Indicators: Increase by 5% per year the number of persons living in apartment settings.

Baseline: Apartment setting/community support = 333 individuals

FY 2009	=	333 individuals
FY 2010	=	329 individuals (0%)
FY 2011	=	362 individuals (8%)
FY 2012	=	373 individuals (3%)

FY 2014: Effective July 1, 2013 counties no longer pay the non-federal share of IDW and Habilitation Services and therefore is no way to accurately tract those living in an apartment setting.

In preparation of Regionalization with the proposed nine County Region, Dubuque County will begin tracking the unduplicated Count for those in a RCF and PMI setting – the numbers here may vary slightly with the CSN Warehouse data etc.

COA Code
64314 – RCF

Total	\$1,411,919.19
Unduplicated Count	106
Average Cost Per Client	\$13,319.99

COA Code
64316 - PMI

Total	\$113,738.54
Unduplicated Count	16
Average Cost Per Client	\$7,108.66

Summary and progress made of goal one during FY 2013: The Housing subcommittee of the Dubuque County Stakeholders met two times and continued to work with the city and county to explore additional housing funding and information for people with disabilities.

Agency Housing Initiates and service openings are discussed each meeting.

Area Residential Care (ARC) continues to provide site based IDW/BIW at multiple locations around Dubuque based services multiple locations around Dubuque and Dyersville, IA. ARC currently have 10 site based homes (all have five beds except one home has six beds) in Dubuque County but with the aging of current residents and the lack of new consumers wanting group home living, it is speculated that another five bed home within the next 12 to 18 months.

ARC also reports that three ladies formerly in their own apartments are now renting a house together that provides additional support due to mental health needs.

Goodwill also has several site based IDW/BIW services at multiple locations around Dubuque. They currently have 6 overnight site homes. 2 homes have 3 individuals living together, 3 homes have 4 individuals living together and 1 home will have a 4th roommate moving in August 1st.

The Step by Step project located at 759 Bluff St. is a 501C not-for-profit organization in Dubuque that obtained funding from state and federal grants to purchase and complete accessible housing by and for people with mobility disabilities. Hill & Dales continues to provide IDW site based units in this location.

Hills & Dales completed an Autism Pilot Project “Building Meaningful Lives” to support individuals with Autism and significant behavioral issues. Hills & Dales does plan to purchase a 3-4 bedroom home in FY 2014 to provide HCBS waiver services as individual's we serve continue to have challenges accessing accessible housing with multiple bedrooms as this remains a barrier to community living for persons with intellectual and physical disabilities

The Dubuque Continuum of Care continues to meet quarterly and membership includes over 30 local agencies to plan for and meet the needs of the homeless.

Hillcrest Family Services has again been selected to receive the CMHS State of Iowa Projects for Assistance in Transition from Homeless (PATH) Grant and Dubuque County does provide a Grant match to support this project.

On June 25, 2012 the Dubuque County Board of Supervisors entered into an agreement with Hillcrest Family Services for the Julien Care Facility and for the Hillcrest to provide RCF and PMI services for Dubuque County clients.

Hillcrest Family Services beginning providing the services in October 2012.

There are 29 low to moderate housing units that are located above the Community Health Center in Dubuque.

The Manasseh House Apartments obtain Single Room Housing (SRO) funds and offers 19 safe affordable housing and supports for women. The Sylvia House a transitional housing that remains open.

The Dubuque Rescue Mission plans on building several four bed transitional homes.

The Davis Place Apartments, also SRO units currently have 62 apartments available.

The composition of the membership and the roster were again updated and New Officers were elected in August, 2011.

The interagency roommate survey, procedure for forms and committee membership was revised May 2012 and the survey was utilized six times during FY2013.

Goal 2: Expand opportunities for employment for persons with disabilities eligible for services under Dubuque County's Managed Care Plan.

Measurable Objective A: Continue cooperative interagency initiatives.

Action Step 1:

Continue a Vocational Subcommittee of all providers of vocational services to review and plan for identified service gaps in Dubuque County.

Action Step 2:

Request providers of employment services to the targeted population of this plan to present any new initiatives or significantly different proposals of employment alternatives to the Vocational Subcommittee.

Action Step 3:

Identify and encourage providers to apply for grants or funding from other state or regional sources that may meet the needs identified in service gaps.

Action Step 4:

Continue business and employer education to increase support for employment of people with

disabilities in the community.

Measurable Objective B: To expand and enhance employment opportunities for the people with disabilities covered under this plan.

Action Step 1:

Expand individual supported employment opportunities thru networking of Employment Specialists and the Joint Placement Committee.

Action Step 2:

Expand community-based employment opportunities for those individuals not able to benefit from individualized placements. (ie; enclaves, crews, temp employment)

Performance Indicator: Increase by 5% per year the number of persons placed in Individual Supported Employment positions.

Baseline: Individuals in supported employment = 33

FY 2009 = 33 individuals

FY 2010 = 31 individuals

FY 2011 = 35 individuals

FY 2012 = 37 individuals

FY 2013 = 40 individuals

The Performance Indicator for this goal which is to increase by 5% per year the number of persons placed in Supported Employment positions was not numerically met for a variety of economic and job market related reasons.

Summary and progress made on goal three during FY 2013:

The Hillcrest IPR program has been a great supplemental service for those individuals needing extra employment assistance or those that are not currently eligible for any other vocational service. IPR at Hillcrest has added employer contacts through deliverance of the service for the work environment.

As part of the Vocational Subcommittee, all agencies involved regularly discuss gaps in vocational service within the Dubuque community and brainstorm ways in which to fill them, incorporating state and regional resources, such as varying funding streams.

Each agency within the Vocational Subcommittee researches possibilities for new initiatives and

employment alternatives and takes full advantage of them when able.

Hillcrest continues to provide a work training program for individuals in their vocational program, performing various jobs, such as paper shredding, custodial work, and clerical work. Currently four individuals are involved in this program.

Hillcrest currently has four different staff providing services on a part-time basis versus one in past several years and has recently began providing peer support services which can also address employment issues.

Hillcrest has served 10 supported employment consumers within the Dubuque community during FY2013.

ARC was able to get four persons hired onto independent employment with the support of job coaching at the University of Dubuque with their new building expansion.

A new enclave was started at Mi-T-M in Peosta in the summer of 2013 for doing packaging work and some assembly work. There are 11 persons involved with six crew members daily working a six hour shift.

Mi-T-M also hired a PM Mobile crew to clean one entire building two times weekly.

The on-going grant program for Job Skills Training was revised this year to include more time in the community working with the consumers in class to tour various locations, complete job shadowing, and to do work site assessments. There were two classes, one in Dubuque and one in Manchester with a total of 14 consumers.

The grant for Job Skills Training was a \$10,000 grant from Prudential Financial and supported the equipment, supplies, teacher/intern wages, as well as a second staff wage to assist with the class.

ARC has finished surveying the group of 44 persons, their families, case managers, supervisor/IPC's, and work supervisors with the purpose of identifying barriers and to determine how to proceed with the next grant as we have not been as successful in placing people as we hoped.

This next grant will put most of the monies toward job development and targeting about 12 consumers from the group that have finished classes to find community employment. ARC plans on teaching one class next Spring in conjunction with Loras College and an intern.

At the request of the Dubuque County Supervisors, DHS/TCM organized a community wide discussion on the vocational and day programming needs of Dubuque County consumers.

The Supervisors met with providers of day programming services for Dubuque County consumers on March 28, 2011 to discuss rule changes, philosophy and funding and programming options for day services.

The composition and participation of a day programming committee and liaisons were identified and an initial meeting was held May 9, 2011 and continued to meet during FY 2013.

The Vocational Subcommittee continues to provide educational events and projects as needed in terms of employment for those with disabilities within the Dubuque community.

All agencies involved in the Vocational Subcommittee actively network vocational opportunities, keeping each other abreast of employment possibilities within Dubuque.

The Committee continues to share information, assignments but one of the main goals for FY 2013 was to re-establish job development, a service which has not been provided by local CRP's for quite some time due to reimbursement issues.

The Dubuque Community School District learned in June, 2013 that they were awarded a grant from the Iowa Department of Education. The Employment Systems Change Grant is for enhancing employment opportunities for youth with disabilities. FY2013 Summary include:

1. Reviewed weighted grades and verified this was not accurate so no more weighted grades for special education students unless a whole course & curriculum review is completed.
2. Set up a summer employment pilot for 10 students. Of the 10 student 9 completed the summer with competitive employment which we will continue to follow and work with this year. These students were juniors going into their senior year.
3. Set up many teams for action steps on: curriculum for employment, business teams, etc.
4. Completed a multi-agency training on Job Development and Job Coaching.

All CRPs are providing at least some vocational services through the Habilitation program. The U.S. unemployment rate for June, 2013 was 7.6%; the Telegraph Herald reported on July 31, 2013 that the June 2013 unemployment rate for Dubuque County was 4.6% down from 4.8% one year ago.

The Goodwill Store Enclave continues to serve individuals on the enclave(s) – two groups and one individual who is authorized as a substitute. Goodwill has a contract with Mercy to provide janitorial services and employ three individuals to fulfill the contract needs. They are able to send Work Services consumers to this site as fill in staff when one of the three takes a day off work and to provide different training opportunities. Twenty one consumers completed the Walgreens Retail Training Program and one consumer is currently participating in a job search and one consumer who participated in a job search but was unsuccessful in finding suitable employment and services were ended. Goodwill started providing job development services after January and also worked with 10 consumers providing a community based assessment/facility worksite assessment. Goodwill was able to place six individuals in Supported Employment jobs since July 2012 and served supported employment to 15 consumers during the fiscal year. The Goodwill Adult Day Care in April, 2013 and served four individuals this fiscal year.

Iowa Vocational Rehabilitation Services (IVRS) reports that for FFY2013 (this year summary was provided to Dubuque County in early August, 2013) the Dubuque County Office authorized

supported employment services from the IPE Supported Employment Category for 19 job candidates. Of those 19, 10 job candidates have had supported employment services invoiced/paid.

IVRS continues to strive to place people with disabilities in the community. DVRS reports the first part of August year so far (which for IVRS will end September 30) they have placed 45 in Dubuque County. They currently have 40 who are working and need to be working for 90 days or more before they can close their file. They have about 50 who are job seekers at the present time. There are three IVRS counselors in Dubuque County who they have a total of 466 cases and clients are either in high school, training programs, receiving job seeking assist or the waiting list.

Counselors are making employer contacts weekly and developing business accounts which are a job requirement set by the state office. The three counselors have made job with 70 employers and developed about 20 business accounts (actual relationship with the business/employers – to employ clients, availability to do job shadowing, business tours or community worksite assessment at their place of business).

Goal 3: Address the transportation needs of the population in the plan.

Measurable Objective A: Participate in the development and implementation of the City/County transit planning aimed at the overall improvement of public transportation in Dubuque County.

Action Steps:

1. Persons with a stake in improved transit services for persons with disabilities will participate in the transit advocacy and processes.
2. Agencies serving persons with disabilities will assure that client's needs are included in the in the transit advocacy and processes.
3. Subcommittee members will attend the city and county budget hearings at which transit budgets are discussed.
4. Subcommittee members will undertake educational activities to help the public understand the need for an expanded city/county transit system.
5. A subcommittee member will attend DMATS (Dubuque Metropolitan Area Transit Study Policy committee) to monitor actions on behalf of public transit.
6. Advocate for expanded hours of service and routes to accommodate transit needs to special events held after regular service hours of the public transit system.



Measurable Objective B: Continue to evaluate effectiveness of transportation coordination so needs can be met in the most efficient, effective way.

Action Steps:

1. Participate in the Passenger Transportation Development Plan facilitated by ECIA for the purpose of coordinating the development of transit planning with input from the various human service agencies in the DMATS and RPA areas.
2. Facilitate inter-agency dialogue through the Passenger Transportation Development input process to promote coordination of transportation services and meet client transportation needs more effectively.
3. Either as part of the Passenger Transportation Development Planning process or as a separate processes, do an annual survey to ascertain exactly how much provider agencies spend on client transportation.

Measurable Objective C: Coordinate efforts of the Transportation Subcommittee with the Employment Subcommittee.

Action Steps:

1. Continue to educate all constituencies on the relationship between transportation and welfare reform, as related to jobs.
2. Monitor the developing “welfare to work” programs as they impact on the populations the Stakeholders serve and correspond to related programs i.e. Job Access/Reverse Commute, New Freedoms and Ticket to Work.
3. Coordinate implementation of Job Access/Reverse Commute, New Freedoms and Ticket to Work programs to maximize effectiveness of both funding sources.
4. Subcommittee members will participate in technical assistance made available through funding from DMATS “welfare to work” funding.

Performance Indicators: Bus routes are adjusted to better serve the population of this plan by increasing the number of work sights and residential sights by 5% each year.

Baseline: Increase passengers by 5% from the previous year

FY 2009 = As a result of the expanded evening and weekend service to ARC and Goodwill, the RTA has expanded annual hours of service by over 5% exclusively targeting passengers with mental illness or developmental disabilities.

FY 2010 = As a result of the continuation grant secured by the RTA under the Job Access

Reverse Commute program, expanded evening and weekend service to ARC and Goodwill has been maintained targeting passengers with mental illness or developmental disabilities in addition to the general public.

- FY 2011 = The continuation grant secured by the RTA under the Job Access Reverse Commute program has been maintained and has also experienced a 12.5% growth in ridership over the last year.
- FY 2012 = The Job Access Reverse Commute (JARC) grant continues and mobility coordinators are working with the Jobs Link Grant and local businesses and there ridership increased by over 20% from the year past.
- FY 2013 = Due to recent legislation, Job Access Reverse Commute and New Freedoms funding have been discontinued. Now transit providers across the nation receive a lump sum of funding called MAP-21 (Moving Ahead for Progress in the 21<sup>st</sup> Century) which will be used for all of the RTA and the Jule current services. Therefore there was not an increased ridership this year over last year:  
2011 rides = 61,147  
2012 rides = 101,779  
2013 rides = 79,611

#### Summary and progress made on goal three during FY 2013:

An updated version of the Passenger Transportation Plan (PTP) was created in the spring of 2012. The PTP includes information from the previous years' input and also information gathered throughout the year from the Transit Action Group (TAG). The (TAG) continues to provide feedback to the planning department on service needs and requests. The Urban and Rural Sub Committees continue to look at issues on a very specific basis to help complete the plan. In addition, the Mobility Coordinator attends the Mental Health Stakeholders meeting on a regular basis to track the needs of this specific population.

The RTA continues to meet with service providers across the region to ensure they are providing the best transportation services possible. The Jule and the RTA continue to work with Proudly Accessible Dubuque (PAD) to provide excellent care to passengers with a disability, and with other human service providers for various transportation issues.

Due to recent legislation, Job Access Reverse Commute and New Freedoms funding have been discontinued. Now transit providers across the nation receive a lump sum of funding called MAP-21 (Moving Ahead for Progress in the 21<sup>st</sup> Century) which will be used for all of the RTA and the Jule current services. Because of this change, extra funding will not be available for special populations and additional routes.

Goal 4: To support the development of a workable plan of short range, intermediate, and long range strategies for the improvement of the mental health delivery system.

Measurable Objective A: Support the creation of a community wide mental health crisis care system operating in a consumer-driven framework.

Action steps:

1. One member of the Stakeholders Committee to participate in the development of this system.
2. Assess number of involuntary commitments and promote diversion from the committal process.

Measurable Objective B: Promote making treatment of co-occurring disorders a priority with our community.

Action steps:

1. Screen for mental health, alcohol and substance abuse at entry points in the system and refer appropriately.
2. Support the development of professional co-occurring disorder treatment groups and refer appropriately.
3. Advocate for appropriate treatment for those with mental health or co-occurring disorders who interface with the legal system.
4. Encourage an improved jail diversion system to access mental health or co-occurring disorder screening and referral.
5. Continue to support frontline providers including police personnel through education and mentoring.

Measurable Objective C: Create a consumer-driven method of accessing mental health/co-occurring services in this area.

Action steps:

1. Advocate for Full Parity including alcohol and substance.
2. Explore for development of current and accurate insurance providers including

Medicaid and Medicare.

3. Promote easy access for all services.

Summary and progress made on goal four during FY 2013:

Mental Health and Substance Abuse providers have established good communication. Agencies are providing and improving upon screening for both mental health and substance abuse problems and referring to appropriate agencies as indicated. In turn, treatment providers have initiated ongoing phone contact regarding mutual clients.

On November 6, 2006 the Dubuque County Board of Supervisors entered into a 28E agreement with the 1<sup>st</sup> Judicial District Department of Correctional Services for a full time Community Treatment Coordinator (CTC), Jail Assessment-Diversion Position.

The Department of Correctional Services Community Treatment Coordinator (CTC) provides screenings and referrals for persons with mental health and co-occurring disorders who are incarcerated, have pending legal charges, or have a history of involvement with the criminal justice system. The CTC works closely with the Court, attorneys, law enforcement officers and area service providers to expedite the consumer's release from custody and rapid transition into the mental health system. The CTC chairs a bimonthly meeting of the Dubuque County Jail Diversion Initiative; a group made up of area mental health providers, substance abuse providers and law enforcement personnel. The CTC also participates in a statewide meeting of jail diversion providers, held quarterly, in Des Moines.

The Jail Diversion Group has grown in membership and continues to meet to discuss mutual concerns, identify resources and ways to cooperate to insure efficiency and fairness of treatment for those with mental health, substance abuse or co-occurring disorders.

Members of the Loras College Criminal Justice program agreed to conduct evaluation research concerning the ability of the CTC program (sample participant collection from 2005 through August 31, 2012) to divert individuals from criminal activity, reduce costs associated with fewer days spent in jail by these individuals, access appropriate community services for CTC participants, and shift expenditures for needed services to non-County agencies.

The cost analysis demonstrated a marked savings resulting from lowered time in jail. Cost of services, excluding two outliers, showed substantial savings for the County of Dubuque. The CTC program also offers additional value through its coordinator who has a vital role in mental health facilitation. This value is considered an additional benefit specific to the CTC program. Substantial savings in reduction of crime were also indicated in the study.

The study was made available to the Jail Diversion Group and presented the Dubuque County Board of Supervisors in December 2013.

The Dubuque Police Department continue to provide training in Police Ethics which occurs

biannually and a Mental Health Series is provided at least tri-annually to all officers

Psychologists from Hillcrest Community Mental Health Center are exploring additional training for the law enforcement Crisis Intervention Team.

Mercy Medical Center mental health inpatient hospitalization services are available for patients experiencing the symptoms of depression, mood disorders, anxiety disorders and substance abuse/addiction and personality disorders. Treatment for Co-occurring Disorders is available for those individuals who need both mental health and substance abuse services.

The treatment team is headed by a board certified psychiatrist and is staffed by nurses, nurse case managers, activities coordinator, and licensed counselors. Treatment for Co-occurring Disorders is available for those individuals who need both mental health and substance abuse services. The variety of treatment options utilized includes medication therapy, individual therapy, educational programs/groups, recreational activities and electroconvulsive therapy (ECT).

A Psychiatric Assessment Nurse (PAN) for emergency consultation from 2:00 pm to 10 pm seven days per week remains available. The Mercy Medical Center Emergency Department provides emergency triage and assessment of mental health needs including evaluation for inpatient hospitalization or after-hours involuntary commitment.

The Mercy Autism Center and Outpatient Therapy Center opened in FY 2011 and continues to provide services including: Indicators of Autism Spectrum Disorders, Evaluation and Diagnosis, Programs and Treatment, Educational Opportunities, Resources and a comprehensive professional staff.

Medical Associates Clinic has been hosting a “Psychiatrist Judicial Collaboration Committee” bi-annually that is attended by Court Representatives, Mercy Medical Center Psychiatric In-Patient Unit, Medical Associates Psychiatric Department and Substance Abuse representatives. The Committee discussion items include updates from the Courts, Psychiatrists – Hospital, and Substance Abuse items. The group met on February 20, 2013 and the next meeting is scheduled for August 13, 2013.

Hillcrest Family Services Community Mental Center reports:

One therapist has been actively involved and a part of the drug court interdisciplinary team.

That first available appointment for therapy and medication management is generally less than a week from first phone contact. This used to be weeks or months and is now just days.

Trauma Informed Care initiatives (TIC) within HFS and have also invited external sources / partners to engage with us as well in terms of TIC. They plan to a free workshop to provide overview of mental health, community, and collaborative approaches for Trauma Informed Care on July 22 or 29, 2013.

Many of Hillcrest Family Services therapists are now Eye Movement Desensitization and Reprocessing (EMDR) certified which is a evidence based therapy.

The Hillcrest Crisis Team/ Downtown Mental health center is equipped to handle the following population:

1. People who are in self-defined “crisis” state or people experiencing serious emotional or mental distress.
2. People who are willing and able to participate in a crisis stabilization triage process.
3. People served include persons and families who are not a serious danger to themselves or others, or who are experiencing a self-defined crisis related to behavioral health challenges, regardless of age, income, insurance coverage, diagnosis, reason, or severity of crisis.
4. People who are in immediate or serious danger to themselves or others will be referred directly, with support, to appropriate emergency services.

Assessment would be completed by a person with Master’s level training in a human services field. All of our clinicians at this time are licensed professionals in their field including: LMSW, LMHC, and LMHC Temp. This person provides clinical support for persons in crisis and peer support staff. This person may be working under supervision of the Hillcrest Clinical Director or other licensed provider, or is licensed to practice independently.

Hillcrest Downtown Mental Health Centers supports the mission of the region and is poised to implement co-occurring disorder groups as soon as financially feasible.

The National Alliance on Mental Health (NAMI) hosted an educational forum entitled “A Community Conversation on Integrated Health Homes” on June 25, 2013 where representatives from Magellan Behavioral Health led discussion and answered questions about the new Integrated Health Home services that will be available in Dubuque County. Hillcrest Family Services plan on becoming an IHH provider in the fall or winter of FY 2014.

In addition, NAMI plans on offering two educational opportunities beginning on September 5, 2013 and include PEER TO PEER and FAMILY TO FAMILY Educational Courses.

Mental Health America of Dubuque County along with about 15 other sponsors a two day conference in Dubuque November 7 & 8, 2013 entitled Combining Resources (Law Enforcement, Support Systems, Health Care Systems and Justice Systems) to Improve Lives.

On May 25, 2013 Governor Branstad signed into law Senate File 2315 the Mental Health and Disability Services Reform Bill that is to the “framework” and or “the beginning of a process” for the redesign of the mental health and disability system.

The National Alliance on Mental Health (NAMI) sponsored a Mental Health Disability Services Redesign Public Forum on Saturday March 2, 2013 at the Diamond Jo Casino that included a panel of Rick Shults, Division Administrator DHS MHDS, Senators Pam Jochum, Jack Hatch and Rob Hogg and Dubuque County Supervisor Wayne Demmer. The Forum attended by over 50 people provided an update on the MHDS Redesign such as the transition to regions, the move

to county of residence, core services and funding and allowed time for feedback and answering individual questions or concerns.

Counties will need to declare their region and initial formations are due to later than December, 2013 and are required to be fully operational by June 30, 2014. This process will require much time and many tasks including determining where the region is on meeting core service requirements and prioritizing how they provide the balance of services in the next five years. Intense financial analysis will be needed by each county with DHS to provide to information so informed decisions can be made on the funding the MHDS system during and the balance of 2013 and beyond.

Adequate communication will be paramount – regarding workgroup activity and reaching out to the public and other stakeholders. Extremely important is ongoing the communication and building of a region that the county choses.

Benton County, Bremer County, Buchanan County, Delaware County, Dubuque County, Iowa County, Johnson County, Jones County and Linn County have signed a letter of intent to join a Region.

The Department of Correctional Services Community Treatment Coordinator (CTC) and Dubuque County representatives from Hillcrest Family Services and Horizons, A Family Service Alliance began participating in the “**Regional System of Care**” on February 27, 2013. Johnson County providers have been getting together on a monthly basis to network, problem solve and discuss how to provide the best possible care for clients. The goal in meeting is to minimize barriers and maximize/enhance the bridges. In light of the mental health redesign and the likely formation of the new region, we thought we could expand what we are doing to the region.

Performance Indicators: Performance Indicators: Monitor the number of involuntary commitments and results of the hearings.

Performance Indicators: Monitor the number of involuntary commitments and results of the hearings (included substance abuse, mental health and dual commitments – duplicated counts).

FY 2009:

Minor Children (age 12-17):	38
Adults (18 - 91)	139
Total Court Ordered Evaluations:	256
Dismissed Orders:	86
	(33.59%)

FY 2010:

Minor Children (age 12-17):	42
Adults (18 - 91)	203
Total Court Ordered Evaluations:	342
Dismissed Orders:	109 (32%)

FY 2011:

Minor Children (age 12-17):	40
Adults (18 +)	211
Total Court Ordered Evaluations:	387
Dismissed Orders:	120 (31.01%)

FY 2013:

Minor Children (age 12-17):	53
Adults (18 +)	213
Total Court Ordered Evaluations:	438
Dismissed Orders:	120 (27.40%)

FY 2014:

In preparation of Regionalization with the proposed nine County Region, Dubuque County will begin tracking only unduplicated mental health commitments and unduplicated voluntary admissions.

Unduplicated Mental Health Inpatient Evaluation =  
Minor Children (<18) = 29  
Adults (18+) = 172  
VOLUNTARY Unduplicated = 41 Adults

Goal 5: Complete capital improvement projects at the Julien Care Facility for those adult consumers identified in this plan.

Measurable Objective A: Identify existing conditions and problems to provide a safe and secure environment as well as to comply with local, state and



federal requirements.

Action Steps:

1. Explore potential alternative funding sources as applicable.
2. Develop timelines for projects.
3. Maintain support and education of consumers and families for improvement projects.
4. Payment for improvements will be shared by each of the county funds based on areas associated with the population of each fund.

Performance Indicators: Timelines and projects identified will be monitored, updated and summarized each year at the time of the annual Dubuque County MHDD annual report and during the fiscal year budget preparation period.

Baseline: Initial projects to be measured as indicated above could include but may not be limited to the upgrade of the fire alarm system, installation of a sprinkler system, improvement to the kitchen and window replacement.

Summary and progress made on goal five during FY 2012:

Dubuque County was able to obtain an Energy Efficiency and Conservation Block Grant from the State of Iowa Office of Energy Independence in FY 2011. The purpose of the grant is to fund qualified projects that will reduce the energy use of the countries and cities or that will reduce green house gas emission activities, or both.

The project description and scope of the work at the Julien Care Facility included replacing low performance windows, renovate interior lighting and an upgrade of the heating, ventilation and air conditioning.

The Julien Care Facility “Energy Retrofit 2011” project was completed y underway and includes a planning schedule that includes preconstruction and construction task timelines.

On February 13, 2012 there was a resolution to approve the Certificate of Compliance for the Julien Care Efficiency project which was funded through an Energy Efficiency Conservation Block.

The award of the Energy Efficiency Conservation Block was \$202,992 with matching funds from Dubuque County in the amount of \$240,000.

The matching funds were taken from the General fund and the project has been completed therefore this goal will no longer be addressed after FY 2012.

By September 1, of each year each subcommittee shall update and report revisions and progress made on action steps and performance indicators of the goals.

## 2. Documentation of stakeholder involvement.

Duplicated/Unduplicated total attendance at all planning meeting:

FY2013	consumer	family	advocacy	← both	BOS/cpc	Provider	Other*
Unduplicated	38	8	20	3	25	70	60
Duplicated	48	34	46	15	89	182	122

### TOTALS:

Unduplicated – (222 – FY 12)

Duplicated – (536 – FY 12)

Unduplicated – (178 – FY 12)

Duplicated – (367 – FY 12)

Unduplicated – (191 – FY 11)

Duplicated – (275 – FY 11)

Unduplicated – (189 – FY 10)

Duplicated – (272 – FY 10)

Unduplicated – (169 – FY 09)

Duplicated – (273 – FY 09)

\* = Includes Case Managers, representatives from the School District and AEA, Consumers from the Mental Health Center and Wellness Center, State and local DHS, Business Professionals, City and other County Employees and ECIA, and the Department of Corrections.

Members of the Stakeholder Planning Committee include representation of eight providers that may include representation for Vocational Rehabilitation, Hillcrest Family Services, Area Residential Care, Hills & Dales, Goodwill Industries, Lutheran Services in Iowa, Mercy Health Center; Consumer/family and advocacy groups such as the Mental Health America of Dubuque County, National Alliance on Mental Illness, Autism Society and the Association for Retarded Citizens.

The Stakeholder Planning Committee met 4 times during the FY 2013.

Consumer, family and other stakeholder input, subsequent to the Stakeholder focus Groups was gathered through County Board of Supervisor meetings, and from regular meetings of the Mental Health America of Dubuque County, National Alliance on Mental Illness, Autism Society the Association for Retarded Citizens and others including the Dubuque Community School District.

The date of the public hearing for the FY 10-11-12 Dubuque County Management Plan was March 23, 2009.

### 3. Actual provider network – preferred provider list.

#### Services for the Mentally Ill & Chronically Mentally Ill

Consultation and Education	Hillcrest
Assessment and Evaluation	Hillcrest
Medication Management	Hillcrest
Evaluation related to commitment (Inpatient)	Hillcrest, Medical Associates, Mercy Medical Center, Finley Summit
24-hour Emergency & Crisis	Hillcrest
Outpatient Counseling	Hillcrest, Crossroads, Joel Lightcap, Horizons
Community Support Programs	Hillcrest
Clinical Case Management	Hillcrest
Supported Housing	Hillcrest
Psychosocial Rehabilitation	Hillcrest
Limited Transportation	Hillcrest
Intensive Psychiatric Rehabilitation	Hillcrest
Residential Services (RCF)	Sunnycrest, Hillcrest Family Services RCF/PMI
Support groups/Therapy Groups	Hillcrest
Outreach Programs	Hillcrest
Child/adolescent sexual abuse treatment program (Adult portion)	Hillcrest
Supported Community Living (SCL)	Hillcrest, Goodwill, Lutheran Services in Iowa,
Vocational training and placement	Hillcrest, Goodwill
Supported employment	Hillcrest, Goodwill
Inpatient State Mental Health Institutes	State Mental Health Institutes
Case Management	Dept. Of Human Services
Transportation	ECIA RTA/Keyline
Rep Payee	Visiting Nurse Association
Jail Diversion	Department of Corrections

#### Services for the Developmentally Disabled

Vocational and Day services	ARC, Goodwill, Hills & Dales, Cozy Corners
Sheltered Workshop	ARC, Goodwill, Hills & Dales

Supported Community Living (SCL)	ARC, Goodwill, Lutheran Services in Iowa,
Home and community based MR waiver service	ARC, Goodwill, Hills & Dales
	Lutheran Services in Iowa
ICF/MR	Sunrise, Hills & Dales, ARC
Residential Services (RCF)	Sunnycrest, Hillcrest Family Services
	RCF/PMI
Case Management	Dept. Of Human Services
Transportation	ECIA RTA/Keyline
Rep Payee	Visiting Nurse Association
Evaluation & Counseling	Hillcrest, Crossroads

\*Note: Out of county placements can be recommended by the CPC to the Board of Supervisors for any of the above services if consumer cannot be served locally.

See attached list for listing of all providers for FY2013.

#### 4. Actual Expenditures -

### County Dollars Spent by COA Code and Disability Type - Dubuque County FY 2013

Account	Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Total
11370	Direct Admin - Technical Services	\$45,104.00	\$103,093.00	\$8,055.00	\$4,833.00	\$161,085.00
21375	Case Management - 100% County		\$1,160.00			\$1,160.00
22000		\$40,155.50	\$40,155.50			\$80,311.00
31354	Transportation - General		\$844.78			\$844.78
32326	Support Services - Guardian/Conservator		\$1,910.44			\$1,910.44
32327	Support Services - Representative Payee	\$3,300.15	\$27,058.84	\$7,527.70	\$1,414.35	\$39,301.04
32329	Support Services - Supported Community Living	\$3,410.00	\$50,245.78	\$2,349.00	\$36,315.25	\$92,320.03
33399	Basic Needs - Other	\$2,700.00	\$1,310.00			\$4,010.00
41306	Physiological Treatment - Prescription Medicine/Vaccines	\$1,859.18	\$8,873.58			\$10,732.76
42305	Psychotherapeutic Treatment - Outpatient	\$611,429.67	\$60,489.00			\$671,918.67
42397	Psychotherapeutic Treatment - Psychiatric Rehabilitation	\$3,450.00	\$12,650.00			\$16,100.00
42399	Psychotherapeutic Treatment - Other	\$38,434.00	\$1,999.00			\$40,433.00
43301	Evaluations (Diagnostic) NOT related to Commitments	\$280.00	\$140.00			\$420.00
50360	Voc/Day - Sheltered Workshop Services			\$71,483.36	\$8,761.69	\$80,245.05
50362	Voc/Day - Work Activity Services			\$2,906.80		\$2,906.80
50367	Voc/Day - Adult Day Care				\$3,429.75	\$3,429.75
50368	Voc/Day - Supported Employment Services		\$132.00	\$1,247.40	\$5,290.00	\$6,669.40
50369	Voc/Day - Enclave			\$12,500.25		\$12,500.25
63329	Comm Based Settings (1-5 Bed) - SCL		\$39,467.46	\$54,651.46		\$94,118.92
64314	Comm Based Settings (6+ Beds) - RCF		\$1,397,452.29	\$13,260.00		\$1,410,712.29
64316	Comm Based Settings (6+ Beds) - RCF/PMI		\$113,738.54			\$113,738.54
71319	State MHI Inpatient - Per diem charges		\$279,035.43	\$5,009.68		\$284,045.11
71399	State MHI Inpatient - Other (Oakdale)		\$29,941.93			\$29,941.93
74300	Commitment - Diagnostic Evaluations	\$152,951.37	\$83,280.89			\$236,232.26
74353	Commitment - Sheriff Transportation	\$803.68	\$4,320.01			\$5,123.69
74393	Commitment - Legal Representation	\$8,110.92	\$10,721.06			\$18,831.98
75395	Mental Health Advocate - General	\$14,454.38	\$32,858.01			\$47,312.39
Total	County	\$926,442.85	\$2,300,877.54	\$178,990.65	\$60,044.04	\$3,466,355.08

## 5. Actual Scope of Services Funded:

FY 2013

County:	MI	CMI	MR	DD	BI
Service					
4x03 Information and Referral					
4x04 Consultation.					
4x05 Public Education Services					
4x06 Academic Services.					
4x11 Direct Administrative.					
4x12 Purchased Administrative	x	x	x	x	
4x21- 374 Case Management- Medicaid Match.		X	X	X	
4x21- 375 Case Management -100% County Funded		x	x		
4x21- 399 Other.					
4x22 Services Management.	x	X			
4x31 Transportation (Non-Sheriff).	x	x	X		
4x32- 320 Homemaker/Home Health Aides.					
4x32- 321 Chore Services					
4x32- 322 Home Management Services			X		
4x32- 325 Respite.			X		
4x32- 326 Guardian/Conservator.		x			
4x32- 327 Representative Payee	x	x	x	x	
4x32- 328 Home/Vehicle Modification			X		
4x32- 329 Supported Community Living	x	x	X	x	
4x32- 399 Other.		x	X		
4x33- 345 Ongoing Rent Subsidy.					
4x33- 399 Other	x	x			
4x41- 305 Outpatient					
4x41- 306 Prescription Medication.	x	x			
4x41- 307 In-Home Nursing					
4x41- 399 Other					
4x42- 305 Outpatient	x	x			
4x42- 309 Partial Hospitalization.					
4x42- 396 Community Support Programs					
4x42- 397 Psychiatric Rehabilitation	x	x			
4x42- 399 Other	x	x			
4x43- Evaluation	x	x			
4x44- 000 – General Administration	x	x	x	x	
4x50- 360 Sheltered Workshop Services.		x	x	x	
4x50- 362 Work Activity Services		X	x	x	

4x50- 364 Job Placement Services.					
4x50- 367 Adult Day Care.		X	x		
4x50- 368 Supported Employment Services	x	x	x	x	
4x50- 369 Enclave		x	x		
4x50- 399 Other.		x	X		
4x63- 310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds					
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds		x			
4x63- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds		x	x	x	
4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds		x			
4x63- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds					
4x63- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds			x	x	
4x63- 329 Supported Community Living		x	X		
4x63- 399 Other 1-5 Beds.					
4x6x- 310 Community Supervised Apartment Living Arrangement (CSALA) 6 & over Beds					
4x6x- 314 Residential Care Facility (RCF License) 6 & over Beds		x	x		
4x6x- 315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6 & over Beds					
4x6x- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6 & over Beds		x			
4x6x- 317 Nursing Facility (ICF, SNF or ICF/PMI License) 6 & over Beds					
4x6x- 318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6 & over Beds			X	X	
4x6x- 399 Other 6 & over Beds..					
4x71- 319 Inpatient/State Mental Health Institutes	X	X			
4x71- 399 Other		X			
4x72- 319 Inpatient/State Hospital Schools			X	X	
4x72- 399 Other.					
4x73- 319 Inpatient/Community Hospital					
4x73- 399 Other					
4x74- 300 Diagnostic Evaluations Related To Commitment.	X	X	X	X	
4x74- 353 Sheriff Transportation	X	X	X	X	
4x74- 393 Legal Representation for Commitment	X	X	X	X	
4x74- 399 Other	X	X	X	X	
4x75- 395 Mental Health Advocates	X	X	X	X	

**The larger X's reflect mandated services and the smaller ones indicate services that are provided by the Dubuque County Management Plan as approved by the Dubuque County Board of Supervisors.**



## 6. Appeals, number, type, and resolution.

For FY 2013, there was one CPC funding decision that resulted in an appeal. The appeal was related to the Dubuque County preferred provider network. The Supervisors denied the non-preferred provider that was requested and approved funding for a provider of the same service preferred provider list. There was no further action taken by the consumer and he was later admitted to the preferred provider for PMI service.

## 7. Quality assurance implementation, findings and impact on plan.

Dubuque County has access to a variety of provider survey results for the purpose of analyzing the information gathered that is useful for quality assurance purposes. In addition, several providers have established outcome measurements as well as demographics of populations served.

The provider survey result samples on file for FY 2013 include: Area Residential Care (including CARF survey report), DHS TCM Consumer Survey Results, Goodwill Industries (including CARF survey report), Hills & Dales (including CARF survey report), Hillcrest Family Services (including Joint Commission accredited), Mercy Medical Center Behavioral Health Unit and Sunnycrest Manor RCF Unit.

Beginning in July, 2010 Dubuque County MHDD and the two Supervisors from DHS TCM Dubuque Office initiated a quality assurance measure to monitor progress and maintain utilization review on consumers who were no longer eligible or pre-vocational services funded via the ID Waiver and being funded by 100% County funding.

Due to this QA activity there were consumers for example who were found to be eligible for Medicaid Habilitation and others who were invariable referred to IVRS for supported employment assessment etc.

The activity continues ongoing as there are about 45 consumers who remain funded by County funding rather than Medicaid.

In preparation for the FY 2010, 2011 and 2013 Dubuque County Strategic Plan MH/DD the Stakeholder Planning Committee reviewed the Dubuque County Satisfaction Survey for DHS Targeted Case Management Consumers.

The surveys and reports are analyzed for any low ratings and or negative trends or comments and the provider director would be contacted for more information if indicated.

This year individual provider quality improvement activities also identified progress made on goals and program compliance such as the HCBS programs.

Each year the Department of Human Services Targeted Case Management Supervisors provides in person a report to the Dubuque County Board of Supervisors. The report includes describes the functions of targeted Case Management, demographics of case management consumers in Dubuque County including service and referral trends. This is also a good opportunity for the Dubuque County Board of Supervisors to ask questions and share thoughts and ideas.

Because of the structure of CoMIS, The Iowa State Association of Counties (ISAC) Community Services Affiliate is developing a system that will capture and report standardized information while abiding with HIPAA, State and Federal laws.

A committee comprised of CPC's, office personnel, IT personnel and representatives from ISAC and DHS have been charged the task of determining the scope, design and implementation of a new County Management information System. The new ISAC system is the Community Services Network (CSN).

Dubuque County utilized the DHS County Information System (CoMIS) for collecting information on clients served through the MH/DD services fund and for submitting associated data reports to DHS through FY2013 BUT did begin the transition to CSN in November, 2011.

Effective July 1, 2013 Dubuque County only utilizes CSN for collecting information on clients, for claim payments and associated data reports to DHS etc.

#### 8. Waiting list information.

Description of current waiting lists for any mental health services within the county covered by the plan. Number of individuals waiting by service type and expected length of wait on list:

##### CHRONICALLY MENTALLY ILL

RCF/MI 0 individual (5 bed only)	1 year
-------------------------------------	--------

Funding for other Community based RCF beds are available as an alternative while awaiting the five bed RCF's.

##### DEVELOPMENTALLY DISABLED

ICF/MR 0 individuals	3 years
----------------------	---------

Funding for other Community based ICF/MR beds and or State Resource Centers is available as an alternative while awaiting a bed from the actual provider network listed above.

Note: Similar services are utilized for the service if the provider from the actual provider network has waiting lists for the service.

## ACTUAL PROVIDER NETWORK FY2013

Provider ID	Provider Name	City, State, Zip
59	ALLEN MEMORIAL HOSPITAL	WATERLOO, IA, 50703-1916
113	AREA RESIDENTIAL CARE, INC.	DUBUQUE, IA, 52002-3860
220	BLACK HAWK-GRUNDY MENTAL HEALTH CENTER	WATERLOO, IA, 50702-
222	Blair & Fitzsimmons PC	DUBUQUE, IA, 52001-
277	BRIDGEVIEW COMMUNITY MENTAL HEALTH	CLINTON, IA, 52732-4742
302	BUFFINGTON LAW OFFICE	OELWEIN, IA, 50662-
398	CEDAR VALLEY RANCH INC	VINTON, IA, 52349-
533	CLEMENS WALTERS CONOLN & MEYER LLP	DUBUQUE, IA, 52003-
560	COMMUNITY CARE INC	DE WITT, IA, 52742-
614	COUNTRY LIFE HEALTH CARE INC	OSKALOOSA, IA, 52577-
635	COVENANT MEDICAL CENTER	WATERLOO, IA, 50702-
659	Crossroads Counseling Center	DUBUQUE, IA, 52001-
672	DAC INC	MAQUOKETA, IA, 52060-
673	DAC INC-JULIEN CARE FACILITY	DUBUQUE, IA, 50002-
743	DELAWARE COUNTY COMMUNITY SERVICES	MANCHESTER, IA, 52057-
765	DIAMOND LIFE HEALTH CARE INC	MONTEZUMA, IA, 50171-
814	DRAHOZAL LAW OFFICE	DUBUQUE, IA, 52001-

1068	GOODWILL INDUSTRIES OF NE IOWA	WATERLOO, IA, 50701-
1134	HARTIG CORP OFFICE	DUBUQUE, IA, 52004-
1178	HILLCREST FAMILY SERVICES - HIGHLAND PLACE	OTTUMWA, IA, 52501-
1184	HILLCREST FAMILY SERVICES (DUBUQUE CMHC)	DUBUQUE, IA, 52001-
1188	HILLCREST FAMILY SERVICES (ADMIN AND MAIN OFFICES)	DUBUQUE, IA, 52001-
1515	MAHONEY	WATERLOO, IA, 50704-
1769	MARY GREELEY MEDICAL CENTER	AMES, IA, 50010-
1830	MEDICAL ASSOCIATES CLINIC PC	DUBUQUE, IA, 52002-
1885	MERCY FAMILY PHARMACY ELM	DUBUQUE, IA, 52001-
1894	MERCY HOSPITAL (aka Alegent)	Council Bluffs, IA, 51503-
1899	MERCY MEDICAL CENTER	DUBUQUE, IA, 52001-
1903	MERCY MEDICAL CENTER - NORTH IOWA	MASON CITY, IA, 50401-
2089	NORTH IOWA TRANSITION CENTER (NITC)	MASON CITY, IA, 50402-
2101	NORTHEAST IOWA BEHAVIORAL HEALTH, INC (NEIBH)	Decorah, IA, 52101-
2336	PRAIRIE VIEW MANAGEMENT INC	FAYETTE, IA, 52142-
2363	PSYCHIATRIC ASSOCIATES OF NE IOWA	WATERLOO, IA, 50703-
2455	REYNOLDS & KENLINE L.L.P	DUBUQUE, IA, 52004-
2485	RISE LTD	ELKADER, IA, 52043-
2548	SABERS, ROBERT E.	DUBUQUE, IA, 52001-
2573	SCENIC ACRES	SAINT OLAF, IA, 52072-
2588	Swanson, Enlger, Gordon, Benne & Clark, L.L.L.P.	BURLINGTON, IA, 52601-
2693	SOUTH SIDE DRUG	OTTUMWA, IA, 52501-
2712	SOUTHWEST IOWA PLANNING COUNCIL AKA TRANSIT(SWITA)	ATLANTIC, IA, 50022-
2782	STORY COUNTY COMMUNITY LIFE PROGRAM	AMES, IA, 50010-

2801	SUNNYCREST MANOR	DUBUQUE, IA, 52001-
2936	UNION FAMILY PHARMACY	DUBUQUE, IA, 52001-
2998	VISITING NURSES ASSOCIATION	DUBUQUE, IA, 52004-
3009	WAGNER PHARMACY	CLINTON, IA, 52732-
3060	WAUBONSIE MENTAL HEALTH CENTER	CLARINDA, IA, 51632-
3110	LANSING, WILLIAM A	DUBUQUE, IA, 52002-
3178	ABBE CENTER FOR COMMUNITY CARE	MARION, IA, 52302-
3179	ABBE CENTER FOR COMMUNITY MENTAL HEALTH	CEDAR RAPIDS, IA, 52405-
3189	ASSOCIATES FOR BEHAVIORAL HEALTHCARE	MARION, IA, 52302-
3203	CHATHAM OAKS INC	IOWA CITY, IA, 52246-
3212	COMMUNITY MENTAL HEALTH CENTER FOR MID EASTERN IA	IOWA CITY, IA, 52240-
3232	Systems Unlimited, Inc. (AKA Employment Systems)	Iowa City, IA, 52240-
3257	HY-VEE PHARMACY	IOWA CITY, IA, 52240-
3320	PENN CENTER	Delhi, IA, 52223-
3348	SUCCESSFUL LIVING	IOWA CITY, IA, 52240-
3349	TANAGER PLACE	CEDAR RAPIDS, IA, 52404-
3354	TOWNCREST PHARMACY	IOWA CITY, IA, 52240-
3360	Vera French Community Mental Health Center	Davenport, IA, 52804-
3384	GOODWILL INDUSTRIES OF THE HEARTLAND	IOWA CITY, IA, 52240-
3396	Boyer	Iowa City, IA, 52244-3924
3401	MOORE & EGERTON, LLP	IOWA CITY, IA, 52244-
3427	Genesis Medical Center	Davenport, IA, 52803-
3448	A AVENUE PHARMACY	CEDAR RAPIDS, IA, 52401-
3572	EYERLY BALL COMMUNITY MENTAL HEALTH SERVICES	DES MOINES, IA, 50309-

3835	ST. LUKE'S HOSPITAL - (HOSPITAL CHARGES)	CEDAR RAPIDS, IA, 52406-
3880	ALLAMAKEE COUNTY CPC ADMINISTRATOR	WAUKON, IA, 52172-
4145	CHEROKEE COUNTY SHERIFF	CHEROKEE, IA, 51012-
4193	CLAY COUNTY SHERIFF	SPENCER, IA, 51301-
4309	DES MOINES COUNTY COMMUNITY SERVICES	BURLINGTON, IA, 52601-
4350	DUBUQUE COUNTY SHERIFF	DUBUQUE, IA, 52001-
4382	FAYETTE COUNTY SHERIFF'S OFFICE	WEST UNION, IA, 52175-
4443	GREENE COUNTY EMERGENCY MGMT	JEFFERSON, IA, 50129-
4645	JACKSON COUNTY SHERIFF	MAQUOKETA, IA, 52060-
4663	JASPER COUNTY SHERIFF	NEWTON, IA, 50208-
4697	JOHNSON COUNTY SHERIFF	IOWA CITY, IA, 52240-
4782	LINN COUNTY SHERIFF	CEDAR RAPIDS, IA, 52406-
5027	PAGE COUNTY SHERIFF	CLARINDA, IA, 51632-
5110	POTTAWATTAMIE COUNTY SHERIFF	COUNCIL BLUFFS, IA, 51501-
5166	Scott County Community Services	Davenport, IA, 52801-
5304	WAPELLO COUNTY SHERIFF	OTTUMWA, IA, 52501-
5602	MASON CITY CLINIC	Mason City , IA, 50401-
5890	Patient Advocate - Fischer, Nancy	SHERRILL, IA, 52073-
5893	DEPT OF CORRECTIONAL SERVICES	WATERLOO, IA, 50704-
5894	GUARDIAN ANGELS SERVICES LLC	IOWA FALLS, IA, 50126-
6070	ST. LUKE'S HOSPITAL - (PHYSICIAN CHARGES)	CEDAR RAPIDS, IA, 52406-
6074	TREASURER, STATE OF IOWA	DES MOINES, IA, 50319-0114
6547	SPETH	Cedar Rapids, IA, 52406-1164
6845	WHIDDON LAW	Council Bluffs, IA, 51503-6504

6865	Horizons, A Family Service Alliance	Cedar Rapids, IA, 52406-
6965	Abbe Center for Community Mental Health	West Union, IA, 52175-
6977	Steele - Attorney at Law,	Cedar Rapids, IA, 52406-1901
7194	DHS CASE MANAGEMENT UNIT	DES MOINES, IA, 50319-0114
7213	ABBE CENTER FOR COMMUNITY MENTAL HEALTH	Manchester, IA, 52057-
7576	Genesis Health Group Physicians	Davenport, IA, 52804-
7705	Elwood, O'Donohoe, Braun and White LLP	West Union, IA, 52175-
7773	Schroeder (Payroll)	Hawkeye, IA, 52147-
8294	Liberty Property LLC	Mason City, IA, 50401-
8403	SUSAN REBEDEAU, LISW	Mason City, IA, 50401-
8412	BAKER LAW	Dubuque, IA, 52001-
8475	Duccini Law Offices	Dubuque, IA, 52004-
8671	James F. Dennis	Keokuk, IA, 52632-
8685	JOEL LIGHTCAP, LMHC	DUBUQUE, IA, 52001-6825
8779	Schroeder	Hawkeye, IA, 52147-
8819	Parkview Pharmacy	Nevada, IA, 50201-
8821	Diouhy Law	Dubuque, IA, 52002-
8880	Hammer Simon & Jensen, Attorneys at Law	East Dubuque, IL, 61025-
8888	Prader Willi Homes of Oconomowoc LLC	Dousman, WI, 53118-
8896	Graves	Iowa City, IA, 52240-
8916	Kurt Law Office, P.C.	Dubuque, IA, 52001-
8917	HyVee Pharmacy	Mason City, IA, 50401-
9075	HILLCREST FAMILY SERVICES (DUBUQUE RCF/RCF-PMI)	DUBUQUE, IA, 52002-
9172	DAC INC - ANDREW JACKSON CARE	BELLEVUE, IA, 52031-

9192	TAILORED LIVING	Marion, IA, 52302-
9281	Bissainthe	Ames, IA, 50014-
9379	Sharon D. Hallstoos	Dubuque, IA, 52001-